

Docket #: _____



CITY OF BOSTON JOBS AND LIVING WAGE ORDINANCE

THE LIVING WAGE DIVISION (617) 918-5236

LIVING WAGE COMPLAINT

Any person, including a Covered Employee subject to the Living Wage Ordinance, may use this form to file a complaint with the Living Wage Division of the Office of Workforce Development regarding violations of the Boston Jobs and Living Wage Ordinance.

PART 1: LIVING WAGE DIVISION CONTACT PERSON: All complaints or questions regarding the Boston Jobs And Living Wage Ordinance should be directed to:

Living Wage Administrator
Office of Workforce Development
Living Wage Division
43 Hawkins Street
Boston, Massachusetts 02114
Telephone: (617) 918-5236

IMPORTANT: Please print in ink or type all required information. Assistance in completing this Form may be obtained by calling or visiting The Living Wage Administrator. See Part 1.

PART 2. COMPLAINANT INFORMATION:

Name of Complainant: _____

Home Address: _____
Number and street

City _____ State _____ Zip Code _____

Daytime Telephone Number: _____

PART 3. VENDOR INFORMATION (Please provide as much of this information as possible):

Name of Vendor: _____

OFFICE OF WORKFORCE DEVELOPMENT • 43 HAWKINS STREET • BOSTON, MA 02114

Name of Owner or Principal Officer of Vendor: _____

Vendor Business Address: _____
Number and street

City State Zip Code

Vendor Daytime Telephone Number _____

Complainant Status (check appropriate box):

- ☐ Employee of Vendor ☐ Applicant for Employment with Vendor
☐ Other (Please explain): _____

PART 4: COMPLAINANT'S ATTORNEY OR REPRESENTATIVE INFORMATION:

Please provide the following information only if someone other than the Complainant (such as an attorney who is representing the Complainant) is filling out this form.

Representative's Name: _____

Firm/Organization: _____

Address: _____

Phone: _____

Signature Date

PART 5: REASONS FOR COMPLAINT

The Vendor is not complying with the Boston Jobs And Living Wage Ordinance for the following reason(s) Please write a complete explanation of the violations you are alleging. (If you need more space attach additional sheets of paper):

PART 6: DISCRIMINATION OR RETALIATION AGAINST COVERED EMPLOYEES:

If a Covered Vendor discharges; reduces the compensation of; or discriminates against any Covered Employee or any other person for making a complaint to the Living Wage Division, otherwise asserting his or her rights under the Jobs and Living Wage Ordinance, participating in any of its proceedings, or using any civil remedies to enforce his or her rights under the Ordinance, the Covered Vendor shall be considered in violation of the Ordinance.

Please write a complete explanation of the discriminatory or retaliatory acts you are alleging. (If you need more space attach additional sheets of paper):

PART 7: WAIVER OF CONFIDENTIALITY (OPTIONAL):

NOTE: READ CAREFULLY BEFORE SIGNING!

Under the Boston Jobs And Living Wage Ordinance;

"statements written or oral, made by an employee, shall be treated as confidential and shall not be disclosed to the Covered Vendor without the consent of the employee."

You may, however, waive this right of confidentiality to allow the Living Wage Division to investigate your complaint as thoroughly as possible. If you choose to waive your right of confidentiality, please sign the following statement:

I, (print or type) _____, hereby waive my right of confidentiality and permit the Living Wage Division to release my statements both written and oral to the Covered Vendor against whom I have filed this complaint.

Signed: _____

Date: _____

Witness: _____

Date: _____

PART 8: COMPLAINANT SIGNATURE:

I, (print or type) _____ swear/affirm that the information provided on this Living Wage Complaint is true and within my own personal knowledge and belief.

Signed under the pains and penalties of perjury.

Signature of Complainant

Date

The Complainant must sign this form even if an agent or attorney fills it out